

**DIRECT DEPOSIT ACH  
 AUTHORIZATION AGREEMENT**

Taxing District Name and Number: \_\_\_\_\_

**SECTION I: Must be completed. (Please attach a voided check.)**

Account Type (Checking or Savings)	Account Number	Nine-Digit Bank Routing Number	100% or Prorated % <small>(If pro-rated, complete Section II and/or III)</small>

Bank Name	Address	City, State, Zip

**SECTION II: (Complete Only if a Prorated % Was Used in Section I.)**

Account Type (Checking or Savings)	Account Number	Nine-Digit Bank Routing Number	Prorated %

Bank Name	Address	City, State, Zip

**SECTION III: (Complete Only if a Prorated % Was Used in Section I.)**

Account Type (Checking or Savings)	Account Number	Nine-Digit Bank Routing Number	Prorated %

Bank Name	Address	City, State, Zip

I hereby authorize the Will County Treasurer to direct deposit tax distributions to the bank(s) listed above. This includes initiating credit entries and, if necessary, debit entries and adjustments for credit entries made in error to my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (Please Print)

\_\_\_\_\_  
Phone